



MISSOURI DEPARTMENT OF REVENUE
 CUSTOMER ASSISTANCE BUREAU
 P.O. BOX 200
 JEFFERSON CITY, MO 65105-0200

Telephone (573) 751-2730
 Fax (573) 522-8174

FORM
4811
 (REV. 2-03)

PARENTAL/GUARDIAN REQUEST TO DENY OR REINSTATE DRIVER LICENSE

CHILD'S LAST NAME	FIRST	MIDDLE INITIAL	CHILD'S DATE OF BIRTH	
CHILD'S STREET ADDRESS			CHILD'S SOCIAL SECURITY NUMBER OR DRIVER LICENSE NUMBER	
CITY			STATE	ZIP CODE

REQUEST TO DENY

I/WE HEREBY CERTIFY THAT:

I am the sole legal custodial parent or legal guardian of the above referenced child (requires the signature of custodial parent or guardian only) **OR** We are the joint legal custodial parents or legal guardians of the above referenced child (requires the signatures of both custodial parents or guardians)

1. The above referenced child is not an emancipated minor.
2. I/We request the Director of Revenue to deny issuance of a driver license to the above referenced child pursuant to Section 302.060(12), RSMo. In the case that a driver license has already been issued, I/we request that the Director of Revenue cancel such license.
3. I/We understand that the above referenced child's driving privilege will be denied until such time that I/we request the Director of Revenue to reinstate the driving privilege, or until the person reaches the age of 18.

REQUEST TO REINSTATE

I/WE HEREBY CERTIFY THAT:

I am the sole legal custodial parent or legal guardian of the above referenced child (requires the signature of custodial parent or guardian only) **OR** We are the joint legal custodial parents or legal guardians of the above referenced child (requires the signatures of both custodial parents or guardians)

1. I/We previously requested the Director of Revenue to deny the driver license of the above referenced child.
2. I/We request the Director of Revenue to reinstate the driver license of the above referenced child pursuant to Section 302.060(12), RSMo.
3. I/We understand that the above referenced child's driving status will be cleared for licensing.

I/WE FURTHER CERTIFY, under penalty of perjury and Chapters 302/303, RSMo, that the foregoing information is true and this certified statement is made without intent to defraud.

PARENT(S)' OR GUARDIAN(S)' LAST NAME	FIRST	MIDDLE INITIAL	PARENT(S)' OR GUARDIAN(S)' LAST NAME	FIRST	MIDDLE INITIAL
DATE OF BIRTH	SOCIAL SECURITY NUMBER OR DRIVER LICENSE NUMBER		DATE OF BIRTH	SOCIAL SECURITY NUMBER OR DRIVER LICENSE NUMBER	
STREET ADDRESS		TELEPHONE HOME () WORK ()	STREET ADDRESS		TELEPHONE HOME () WORK ()
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PARENT(S)' OR GUARDIAN(S)' SIGNATURE		DATE	PARENT(S)' OR GUARDIAN(S)' SIGNATURE		DATE

Submit this form to the Customer Assistance Bureau, P.O. Box 200, Jefferson City, MO 65105-0200.

VISIT OUR WEBSITE AT WWW.DOR.STATE.MO.US